



TRANSMITTAL FORM

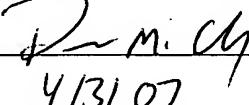
(to be used for all correspondence after initial filing)

Application Number	10/737,013
Filing Date	December 16, 2003
First Named Inventor	Dennis Michael Connolly
Group Art Unit	1637
Examiner Name	Stephanie K. Mumment
Total Number of Pages in This Submission	12
	Attorney Docket Number
	201448/443

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply (\$ _____) <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request (\$ <u>5mos</u>) <u>\$1,080.00</u> <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement (\$ _____) <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Notice to File Missing Parts/ Incomplete Application (\$ _____) <input type="checkbox"/> A copy of the Notice to File Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers <i>(for an Application)</i> <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Declaration and Power of Attorney <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition (\$ _____) <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input checked="" type="checkbox"/> Terminal Disclaimer (\$ <u>65.00</u>) <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (\$ _____) <i>(Appeal Notice, Brief, Reply Brief)</i> <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Application Data Sheet <input type="checkbox"/> Request for Corrected Filing Receipt with Enclosures <input checked="" type="checkbox"/> A self-addressed, prepaid postcard for acknowledging receipt <input type="checkbox"/> Check in the amount of \$ _____ <input checked="" type="checkbox"/> Other Enclosure(s) <i>(please identify below):</i> <input checked="" type="checkbox"/> Payment by Credit Card. Form PTO-2038 is attached. <u>\$1,145.00 TOTAL</u>
Remarks <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required or credit any overpayments to Deposit Account No. <u>50-3519</u> for the above identified docket number.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

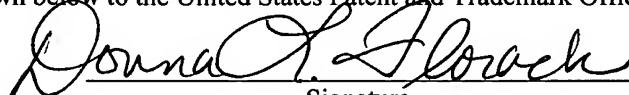
Firm <i>or</i> Individual name	Integrated Nano-Technologies Dennis M. Connolly
Signature	 Registration No. 40,964
Date	4/31/07

CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR 1.8(a)]

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